

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massacauscus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 4/1	/19 Ending Date: 5/3/19
Type of Report: (Check one)	
	30 day after election ☐ year-end report ☐ dissolution
Tennifer Paluzzi Candidate Full Name (if applicable) Town Clerk Office Sought and District 19 Cortland Way Grafton, MA 01519 Residential Address E-mail reporter babe @ gmail. 60m Phone # (optional): 508. 839.6536	Committee to Elect Jennifer Palvai Committee Name Steven Paluzzi Name of Committee Treasurer 19 Cortland Way Graften, MA 01519 Committee Mailing Address E-mail: Stepal@ Verizon.net Phone # (optional): 508-839-6536
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	728.63
Line 3: Subtotal (line 1 plus line 2)	728.63 SERV
Line 4: Total expenditures this period (page 5, line	14) 460.30
Line 5: Ending Balance (line 3 minus line 4)	268,33 ₹
Line 6: Total in-kind contributions this period (page	e 6) DC
Line 7: Total (all) outstanding liabilities (page 7)	428.63
Line 8: Name of bank(s) used: Home Geld	Credit Union
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	ntributions and liabilities for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting p	sest of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this contributions.	in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 3/// 17

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

Line 11: TOTAL I	Line 10: Total Rece	Line 9: Total Recei			19.00		4/29/19	4/29/19	4/11/19	Date Received
Line 11: TOTAL RECEIPTS IN THE PERIOD	Line 10: Total Receipts \$50 and under* (not listed above)	Line 9: Total Receipts over \$50 (or listed above)					Steven Paluzzi	Jennifer Paluzzi	Jennife Paluzzi loan	Name and Residential Address (alphabetical listing required)
728, 63	100.00	628.63					100.00	100.00	428.63	Amount
← Enter on page 1, line 2									Unemployed	Occupation & Employer (for contributions of \$200 or more)

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

and the property				 	-	-	 _	 	 The state of the s	7	$\overline{}$			
Line 11: TOTAL	Line 10: Total Rec	Line 9: Total Rece												Date Received
Line 11: TOTAL RECEIPTS IN THE PERIOD	Line 10: Total Receipts \$50 and under* (not listed above)	9: Total Receipts over \$50 (or listed above)									Name and Residential Address (alphabetical listing required)			
											Amount			
Enter on page 1, line 2	,,										Occupation & Employer (for contributions of \$200 or more)			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together,

from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid (alphabetical listing) Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD Line Line 13: Total Expenditures \$50 and under* (not listed above) 12: Total Expenditures over \$50 (or listed above) Address 100 Purpose of Expenditure Purhuse of IRWH SIGM 460. 42863 Amount 00

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

* If you have item									Date Paid
Enter on page 1, line 4 →									To Whom Paid (alphabetical listing)
·	Line 13: Expenditures \$50 and under* (not listed above)	Line 12: Expenditures over \$50 (or listed above)							Address
URES IN THE PERIOD	under* (not listed above)	(or listed above)							Purpose of Expenditure
									Amount

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

* If an in-kind cor									Date Received
Enter on page 1, line 6 → Line 17:									From Whom Received*
Line 17: TOTAL IN-KIND CONTRIBUTIONS	Line 16: In-Kind Contributions \$50 & under (not listed	Line 15: In-Kind Contributions over \$50 (or listed above)							Residential Address
	\$50 & under (not listed above)								Description of Contribution
									Value

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

							4/11/19	Date Incurred
Enter on page 1, line 7 →							Jennify Paluza	To Whom Due
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)							19 Cortland Way, Goods	Address
DING LIABILITIES (ALL)							Luan reimbusement	Purpose
428,63							428,63	Amount